Effective October 1, 2000 09/880, 190													
CLAIMS AS FILED - PART I SMALL I (Column 1) (Column 2) TYPE										OR	OTHER SMALL		
TOTAL CLAIMS			33				Ιг	RATE FEE			RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			<i>33</i> minus 20=		•	13		X\$ 9=	117.00	OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		•	1	-	X40=	40.00		X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							-		270.0	OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							Ŀ	+135=	-510 T	OR	+270=		
								TOTAL	512.00	OŖ	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA	1 [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.21	Minus	33	3	=		X\$ 9=		OR	X\$18=		
	Independent	. 4	Minus	Y	,	=		X40=		OR	X80⊨		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF		CLAIM	$L\Box$	J -	105	/		-030		
							Ľ	-135= TOTAL	<i>,</i>	OR	+270=		
(Column 1) (Column 2) (Column 3)								DIT. FEE		OR,	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS		HIGH	IEST	(Column 3)	וֹ ר		ADDI-			ADD1-	
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	· 22	Minus	3	33] ;	X\$ 9=		OR	X\$18=		
	Independent	• 6	Minus	***	4	= 2	4 :	X40=	840	OR	X80=		
	FIRST PRESE	NTATION OF MU	LIPLE DEF	ENDEN	CLAIM		」 _	135=		OR	+270=		
							L	TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								DIT. FEE L		On ,	ADDIT. FEE		
	The state of the s	CLAIMS		HIGH	EST	(Column 3)	1		ADDI-	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=		(\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=		K40=	-	OB	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.										+270=			
**	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												

Application or Dock t Number